

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.
10782646

FILING DATE

| CLAIMS | | | | | | | |
|--------------|------|------------------------|------|------------------------|------|--------------|------|
| AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | |
| IND. | DEP. | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | | / | | | | 51 | |
| 2 | | / | | | | 52 | |
| 3 | | / | | | | 53 | |
| 4 | | / | | | | 54 | |
| 5 | | / | | | | 55 | |
| 6 | | / | | | | 56 | |
| 7 | | / | | | | 57 | |
| 8 | | / | | | | 58 | |
| 9 | | / | | | | 59 | |
| 10 | | / | | | | 60 | |
| 11 | | / | | | | 61 | |
| 12 | | / | | | | 62 | |
| 13 | | / | | | | 63 | |
| 14 | | / | | | | 64 | |
| 15 | | / | | | | 65 | |
| 16 | | / | | | | 66 | |
| 17 | | / | | | | 67 | |
| 18 | | / | | | | 68 | |
| 19 | | / | | | | 69 | |
| 20 | | / | | | | 70 | |
| 21 | | / | | | | 71 | |
| 22 | | / | | | | 72 | |
| 23 | | / | | | | 73 | |
| 24 | | / | | | | 74 | |
| 25 | | / | | | | 75 | |
| 26 | | / | | | | 76 | |
| 27 | | / | | | | 77 | |
| 28 | | / | | | | 78 | |
| 29 | | / | | | | 79 | |
| 30 | | / | | | | 80 | |
| 31 | | / | | | | 81 | |
| 32 | | / | | | | 82 | |
| 33 | | / | | | | 83 | |
| 34 | | / | | | | 84 | |
| 35 | | / | | | | 85 | |
| 36 | | / | | | | 86 | |
| 37 | | / | | | | 87 | |
| 38 | | / | | | | 88 | |
| 39 | | / | | | | 89 | |
| 40 | | / | | | | 90 | |
| 41 | | / | | | | 91 | |
| 42 | | / | | | | 92 | |
| 43 | | / | | | | 93 | |
| 44 | | / | | | | 94 | |
| 45 | | / | | | | 95 | |
| 46 | | / | | | | 96 | |
| 47 | | / | | | | 97 | |
| 48 | | / | | | | 98 | |
| 49 | | / | | | | 99 | |
| 50 | | / | | | | 100 | |
| TOTAL IND. | | | | | | TOTAL IND. | 8 |
| TOTAL DEP. | | | | | | TOTAL DEP. | 4 |
| TOTAL CLAIMS | | | | | | TOTAL CLAIMS | 49 |